U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF United States of America						COURT CASE NUMBER 16-01694			
DEFENDANT Gloria H. Lewis						TYPE OF PROCESS Sale			
NAME OF INC	IVIDUAL, COM	PANY, COR	PORATION. ETC	. TO SERVE OR DES	SCRIPTI	ON OF PROPERTY TO	SEIZE OR CO	ONDEMN	
SERVE J Gloria H. Le									
***	=		y, State and ZIP (Code)					
	t Street, New								
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW						Number of process to be served with this Form 285			
KML Law Group, P.C. 701 Market Suite 5000 Philadelphia, PA 19106					Number of parties to be served in this case				
					1	ck for service J.S.A.			
PECIAL INSTRUCTIONS OR C	THER INFORM nated Times Ava	ATION THA	T WILL ASSIST	IN EXPEDITING SEI	RVICE	Include Business and A	lternate Addre	sses.	
	•		•					Fol	
Minimum Bid: \$67,70	0.00		,						
Sale: November 15, 20	17 at 11:00 a.	m. ,	Adams County	Courthouse 111-	117 Ba	ltimore St., Gettysb	ourg PA 173	25	
Signature of Attorney other Originator requesting service on behalf of: PLAINTIFF DEFENDANT					TELEPHONE NUMBER DATE		DATE		
					215-627-1322				
OD A CIE DET OTTEO	D TIOTA OTA	TIC NO.					11/2/17		
SPACE BELOW FO	T	·					THIS LI	NE	
acknowledge receipt for the total umber of process indicated.	Total Process	District of . Origin	District to Serve	Signature of Authorized U		SMS Deputy of Clerk		e	
ign only for USM 285 if more	1	No. 67	No. 67	The	Do	DAFC	111	2/17	
an one USM 285 is submitted)	<u> </u>	l		-6		7,51			
ereby certify and return that I \square the individual, company, corpor	have personally ation, etc., at the	served , 🔲 haddress shown	ave legal evidence above on the on	e of service, 🔲 have e the individual , compa	executed my, corp	as shown in "Remarks' oration, etc. shown at the	, the process de address insert	escribed ed below	
I hereby certify and return that	I am unable to lo	cate the indivi	idual, company, c	orporation, etc. named	above (See remarks below)			
ume and title of individual served	(if not shown abo	ve)				A person of suita			
idress (complete only different the	ın shown above)					of abode Date	Time		
						,	11:00		
						11/15/2017			
						Signature of U.S. Ma	shal or Deputy	3729	
rvice Fee Total Mileage C		ing Fee	Total Charges	Advance Deposits		ant owed to U.S. Marsha	ıl* or		
including ender	a. 11		165 K Z 130		(Amo	ount of Refund*)	150.	40	
EMARKS: Proporty 5	old fort	82. 593 .	20	RE(CE	IVED			
ISTRIBUTE TO: 1. CLERK O	F THE COURT			11 11	IODL	ITU, PA	EDITIONS MA	V RE III	
2. USMS RE				No		7 2017	THE CATOLLIA	1 05 03	

if any amount is owed. Please remit promptly payable to U.S. Markes 5. ACKNOWLEDGMENT OF RECEIPT

Per____

Form USM-285 Rev. 11/13